

# Panhandle Health District I

## On-Site Sewage System Application

A site evaluation is not an approval or a permit to install a septic system. Permit approval depends on the following: Site evaluation approval, the predicted maximum daily sewage flow; house size and location; well / spring location; surface water locations; changes to native soil (road cuts, grading, benching); distance to neighboring structures (wells, buildings, drainfields); proposed land use; soil quality; other issues of concern.

Permits to construct a septic system are not granted until all such issues are addressed and / or submitted in writing as part of the plot plan / permit application AND found to be consistent with current regulations. **Site Evaluations and Septic Permits are valid one (1) year from date of issuance.**

**ANY CHANGES TO THE SITE OR CONDITIONS OF THE APPLICATION AFTER  
ISSUANCE OF THE PERMIT MAY RENDER THE PERMIT INVALID.**

☐ Site Evaluation

☐ Site Evaluation & Permit

☐ Permit

Owner's Name \_\_\_\_\_ Date \_\_\_\_\_

Mailing Address \_\_\_\_\_ Phone # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**LEGAL DESCRIPTION: T. R. S. Parcel # \_\_\_\_\_**

Subdivision \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_ Size <sup>(Acres)</sup> \_\_\_\_\_

Location / Directions  
/ Physical Address \_\_\_\_\_

**Applicant Name** \_\_\_\_\_

Mailing Address \_\_\_\_\_ Phone # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Applicant is: ☐ Landowner ☐ Contractor ☐ Installer ☐ Other \_\_\_\_\_

Type of Septic Installation ☐ New ☐ Replacement ☐ Upgrade/Expansion

Proposed Use ☐ Individual ☐ Community ☐ Large Soil Absorption  
(3 to 9 dwellings) (2,500 gal / day or 10 or more dwellings)

Is there an existing dwelling on this parcel? ☐ Yes ☐ No Description \_\_\_\_\_

Type of Dwelling

☐ Single Family Residence ☐ Commercial \_\_\_\_\_

☐ Multiple Family Res. ☐ Other \_\_\_\_\_

(For Single & Multiple Family Residences Only)

# of Bedrooms \_\_\_\_\_ # of Baths \_\_\_\_\_ Sq. Ft. \_\_\_\_\_ # of People \_\_\_\_\_

# of Living Units \_\_\_\_\_ Garbage Disposal ☐ Yes ☐ No

(For Community, Commercial, Large Soil Absorption & Engineered Systems Only)

Average Daily Flow \_\_\_\_\_ Peak Daily Flow \_\_\_\_\_

In the space provided below please ✓ or ✗ any of the appropriate boxes. Include descriptions where possible (i.e. Surface Water – Twin Lakes). Please provide a dimensional plot plan including: all marked items below; location and size of proposed or existing drainfields and associated replacement area(s); home site; location of and distances from all existing water supply system features; proposed or existing storm water management structures, property lines, easements and right-of-ways; neighboring structures of concern; location & size of all buildings and structures on the property.

☐ Surface Water \_\_\_\_\_

☐ Canals /ditches \_\_\_\_\_

☐ Well - public / private \_\_\_\_\_

☐ Spring \_\_\_\_\_

☐ Easements \_\_\_\_\_

☐ Other \_\_\_\_\_

☐ Waterline - public / private \_\_\_\_\_

☐ neighboring dwelling \_\_\_\_\_

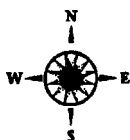
☐ Neighboring wells \_\_\_\_\_

☐ Cut Banks \_\_\_\_\_

☐ Property Line \_\_\_\_\_

**PLOT PLAN**

**Parcel Number** \_\_\_\_\_



Signature \_\_\_\_\_

Date \_\_\_\_\_

By my signature above, I certify that all answers and statements on this application are true and complete to the best of my knowledge. I understand that should evaluation disclose untruthful or misleading answers, my application may be rejected or my permit cancelled. I accept the responsibility to notify Panhandle Health District of any changes to the above information if performed prior to completion of the permitted system.

**PANHANDLE HEALTH DISTRICT**  
**FAILED SEPTIC SYSTEM APPLICATION ADDENDUM**

**Applicant Name:** \_\_\_\_\_

**Repair Permit Number** \_\_\_\_\_ **Date of Application:** \_\_\_\_\_

**Type of failure :** (Please check applicable box)

- ☐ Backing up into home
- ☐ Effluent on the ground
- ☐ Other (Specify)

**Description of failure:** \_\_\_\_\_

**What year was the failing system installed?** (Year): \_\_\_\_\_

**Permit Number if known:** \_\_\_\_\_

**How many bedrooms was system originally designed?** (Number); \_\_\_\_\_

**What is the current number of bedrooms?** (Number): \_\_\_\_\_

**What is the current number of occupants?** (Number): \_\_\_\_\_

**Have you had a recent event with large number of individuals using the septic system?**

**What year was your septic tank last pumped?** (Year): \_\_\_\_\_

**How often is the septic tank pumped?** (Please check applicable box)

- ☐ Every 3 years
- ☐ Every 5 years
- ☐ Every 7 years
- ☐ Over 10 years
- ☐ Never

**Do you have one of the following:** (Please check applicable box)

- ☐ Garbage disposal
- ☐ Over sized bath tub
- ☐ Water softener
- ☐ Other large wastewater generator
- ☐ Description of generator: \_\_\_\_\_

# **Directional Map**